

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-12-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes E0781, E1399, E0745 and 64550TN.

II. FINDINGS

The respondent denied reimbursement based upon “F – Reduced According to Fee Guideline; N – Not Documented; and A- Pre-Authorization not obtained.”

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
11-11-02	E0781	\$485.00	\$14.25	F	DOP	General Instructions GR III Durable Medical Equipment GR (VIII), (IX)	Pump for Water Circulating - Requestor submitted prescription, letter of medical necessity, description of DME product to support billing per MFG; therefore, additional reimbursement of \$470.75 is recommended.
12-4-02	E1399	\$85.00	\$0.00	N	DOP		DME item was not documented per MFG. No reimbursement is recommended.
12-4-02	E0745	\$375.00	\$0.00	A	DOP	Rule 134.600(h)(5) effective 1-1-02	Neuromuscular stimulator – Preauthorization was not obtained; therefore, no reimbursement is recommended..
	64550TN	\$125.00	\$0.00	A	\$101.00		Application of Surface neuromuscular stimulator does not require preauthorization unless performed in a hospital setting. A report to support position that procedure did not require preauthorization was not submitted. No reimbursement is recommended.
TOTAL							The requestor is entitled to reimbursement of \$470.75.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code E0781 in the amount of **\$ 470.75**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$470.75** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13th day of May 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division